25/2008 JUN 2 5 2008

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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(571)-273-2885

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58533 7590 06/; G2008				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This contilicate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 189UF FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the data indicated below.  (Depositors name)									
							01 FC:2501 720.00 GP						(Signator≂)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	t AT	TORNEY DOCKET NO.	CONTRAINATION NO.							
10/648,012	08/26/2003		C. Ead Woolfork		1028.1	3327							
TILE OF INVENTION:			·										
APPLN. TYPE	SMALL ENUTY	ISSUE THE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE		DATE DUE							
nonprovisional	YES	5720	50	<b>\$</b> 0	\$720	09/16/2008							
EXAMI	YER	ART UNIT	CLASS-SUBCLASS	]									
FLANDERS, ANDREW C		2615	700-094000										
Change of correspondence address or indication of "Fee Address" (AT CFR 1.363).   Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   The Address" indication (re "Fee Address" Indication form			2. For printing on the parent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single fron (having as a member a registered attorney or agent) and the names of up to										
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2 registered patent attorneys or agents. If no name is 3										
3. ASSIGNEE NAME AN PLEASE NOTE: Union meordation as set forth (A) NAME OF ASSIG	ss an assignee is ident in 37 CFR 3.11. Cam	ified below, no assignee detion of this form is NO	data will appear on the Ta substitute for filing at (B) RESIDENCE: (CIT	patent. If an assignce in assignment.		locument has been filed for							
Please check the appropri	de assignee category o	r categories (will not be p	rinted on the patent):	Individual Corpo	ration or other private gr	oup entity Governmen							
4a. The following fee(s) a	re submitted:	A	b. Payment of Fee(s): (Plane)  A check is enclosed	s): (Please first reapply any previously paid issue fee shown above) closed.									
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Advance Order - #	of Copies		overpayment, to Dep	osit Account Number	50 - 45 7(c_ (enclose:	un extra copy of this form).							
<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	SMALL ENTITY stat	us. Sec 37 CFR 1.27.			ENTITY status. See 37 C								
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Authorized Signature	mo	12		Dette	<u>25 2008</u>	والمراجعة							
Typed or printed name	Megain	Lyman		Registration No.	51,054	<del>-</del>							
						d by the USPTO to process ag gathering, preparing, an ime you require to complete outment of Commerce, P.C. for Patents, P.O. Box, 1456							

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

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**FAX TRANSMITTAL** 

To: USPTO (571) 273-2885

From: Megan Lyman: (919) 341-0271

RE: Issue Fee Payment for Application No. 10/648,012

Spages

Please find PTOL 85B and Credit Card payment form to pay the issue fee for the above named application.

Thank you and if you have any questions, please do not hesitate to contact me. Best regards,

Mo Elym